

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

George Allen Governor

Becky Norton Dunlop Secretary of Natural Resources PIEDMONT REGIONAL OFFICE 4949-A Cox Road Glen Allen, Virginia 23060 (804) 527-5020 Fax (804) 527-5106

http://www.deq.state.va.us

August 21, 1996

Thomas L. Hopkins Director

Gerard Seeley, Jr. Piedmont Regional Director

Mr. George Whitted Personnel Manager & Safety Administrator JPS Convertor & Industrial Corporation Vaughn Street, P.O. Box 448 South Boston, Virginia 24592

RE: RCRA Compliance Inspection; JPS Convertor & Industrial Corporation. Vaughn Street, P.O. Box 448, South Boston, Virginia 24592; EPA ID# VAD003118353.

Dear Mr. Whitted:

Thank you very much for your cooperation during the Hazardous Waste Compliance Inspection at your facility on July 30, 1996. It was determined that your facility as a Small Quantity Generator was in total compliance with the Virginia Hazardous Waste Management Regulations (VHWMR).

If you have any questions regarding this matter, please call me at (804) 527-5074.

Sincerely:

Jon D. Chinnery

Environmental Inspector

Enclosures

cc: file

Claire R. Slaughter, DEQ OTA (enclosures)

An Agency of the Natural Resources Secretariat

January 1994

DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

SURVEY SHEET FOR INSPECTION OF HAZARDOUS WASTE FACILITIES

NAME of FACILITY: JPS CONVERTOR AND INDUSTRIAL CORPORATION

ADDRESS: P.O. BOX 448, VAUGHN STREET

SOUTH BOSTON, VIRGINIA 24592

EPA ID NUMBER: VAD003118353

FACILITY

REPRESENTATIVE: MR. GEORGE WHITTED

TITLE: PERSONNEL MANAGER, SAFETY ADMINISTRATOR

TELEPHONE NUMBER: (804) 572-2921

INSPECTOR'S NAME: JON D. CHINNERY

TITLE: ENVIRONMENTAL INSPECTOR

DATE of INSPECTION: JULY 30, 1996

1. What is the business activity of the firm? (i.e., furniture mfg., metal plating, recycling, etc.)

THE FACILITY IS THE MANUFACTURER OF SYNTHETIC FIBERS.

2. Give a brief description of the waste stream(s) [by chemical name, if possible] and hazardous waste code(s) generated by the firm.

PETROLEUM NAPTHA / D006, D008, D018, D035, D039, D040

3. List the highest amounts of hazardous waste ever generated in any month of the calendar year and the greatest amount ever accumulated at the site of each type of waste generated.

Waste Code

Amount Generated

Amount Accumulated

D006/D008/D035

D039/D040

1,144 LBS.

1,144 LBS.

4. Does the facility ever generate greater than: 1 kg. of acutely toxic waste (P listed waste or F020-F023 and F026-F027)?



100 kg of clean-up from a spill of P listed waste or F020-F023 and F026-F027 waste?

If yes, then the facility is a large quantity generator.



5. How is the waste presently being handled? Where is it sent? (List all transporters and facilities, or on-site treatment performed).

TRANSPORTER:

FACILITY:

SAFETY-KLEEN CORPORATION VINTON, VIRGINIA ILD984 908 202 SAFETY-KLEEN CORPORATION VINTON, VIRGINIA VAD000 737 361

6. Does the facility generate any hazardous waste that is excluded from regulation? If yes, list the waste and the basis for exclusion.



7. Does the facility:

Generate

Market

Burn

used oil that is burned for energy recovery? Underline or circle all that are applicable. (If the facility markets or burns

used oil, fill out the Used Oil Checklist.)

YES

Does the generator of used oil to be burned for energy recovery (other than a Conditionally Exempt Small Quantity Generator) mix

the used oil with hazardous waste? If YES, then fill out the Used Oil Checklist.

8. Does the facility generate any hazardous waste that is reclaimed that is reclaimed to recover economically feasible amounts of gold, silver, platinum, palladium, iridium, osmium, rhodium, ruthenium, or any combination of these?

If Yes, list the waste, where it is sent, and complete the Metals Recovery Checklist.

9. Does the facility generate, transport, store, collect or reclaim spent lead-acid batteries? If yes, Underline or circle all that are applicable. If the facility stores batteries before reclaiming them, complete the Metals Recovery Checklist.

- **10**. Based on the above, the facility is a:
 - a. conditionally exempt small quantity generator
 - **b.** small quantity generator /
 - c. generator
 - d. permitted or interim status TSD
 - e. unpermitted TSD (explain in comments section)
 - f. transporter
 - g. other: please explain:

<u>{Underline</u> or **Circle** All That Are Applicable]

11. Check accumulation times and quantities for the three types of generators. If the times or quantities are exceeded, then the facility is moved up to the next category. Complete the appropriate checklist(s).

A conditionally exempt small quantity generator can accumulate for an indefinite period of time until he has accumulated 1000 kg (approx. 5-55-gallon drums) of non-acute hazardous waste, at which time the accumulation time (180 days or 270 days) for small quantity generators begin.

Small quantity generators can accumulate hazardous waste for up to 180 days or 270 days if the disposal site is over 200 miles away (in containers and tanks <u>only</u>). However, if at any time over 6000 kgs of waste is accumulated, then the small quantity generator becomes a generator, or an unauthorized facility, as applicable.

12. List each container and tank accumulation area. Specify the number and capacity of each tank and container. [Note: Include any satellite accumulation areas. Verify that only 55 gallons of any particular hazardous waste code (or one quart of acutely toxic waste) is at that area.]

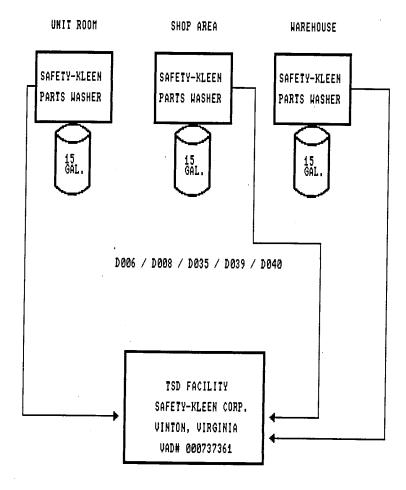
Location	Number of Containers	Number of Tanks	Capacity
UNIT ROOM	2 X 15 GAL. DRUMS	N/A	N/A
SHOP AREA	1 X 15 GAL. DRUM	N/A	N/A
WAREHOUSE	1 X 15 GAL. DRUM	N/A	N/A

13. (Comment	S

NONE.

14. Waste Management Flow Diagram:

(On this page sketch a brief, but detailed, flow diagram that includes how and where the waste is generated, the steps through a treatment system (if any), the steps through storage including satellite accumulation areas. Do this for each waste stream including excluded hazardous waste. Include any wastewater treatment facilities at the company, and verify the type of units included in the system, and any hazardous waste streams going to WWT.)



DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

CHECKLIST FOR HAZARDOUS WASTE INSPECTION OF SMALL QUANTITY GENERATORS (SQG)

FACILITY NAME:

JPS CONVERTOR AND INDUSTRIAL CORP.

EPA ID NUMBER:

VAD # 003118353

INSPECTION DATE:

July 30, 1996

NOTE: * means Non-Compliance.

VIRGINIA HAZARDOUS WASTE MANAGEMENT REGULATIONS

		VINGINIA HAZANDOOS WASTE IMANAGEMENT REG			T
PART/SECTION		REGULATION	YES	NO	N/A
6.4.E.4.a.	1.	Does the generator ever accumulate a quantity of hazardous waste greater than 6,000 kilograms? (If <u>YES</u> , then use <u>LQG</u> or <u>UNAUTHORIZED FACILITY</u> Checklist.)		>	
6.4.E.4. 6.4.E.5. 6.4.E.6. 6.4.E.4.c. 9.9.L.	2.	Does the small quantity generator accumulate hazardous waste for greater than 180 days (or 270 days if the disposal facility is greater than 200 miles away)? (If <u>YES</u> , then use <u>UNAUTHORIZED FACILITY Checklist.</u>) (If the SQG accumulates in TANKS , complete the SQG Tank Section, Items 23 through 25.)		/	
6.4.E.4.d. 9.2.B.1.	3.	Does the generator have an internal communication or alarm system capable of providing immediate emergency instruction to facility personnel?	\		
6.4.E.4.d. 9.2.B.2.	4.	Does the generator have a device such as a telephone or two-way radio, capable of summoning emergency assistance from local police departments, fire departments, or Commonwealth or local emergency response teams? *** DESCRIBE ON THE LAST PAGE UNDER "COMMENTS".	\		
6.4.E.4.d. 9.2.B.3.	5.	Does the facility have portable fire extinguishers, fire control equipment, and decontamination equipment?			
6.4.E.4.d. 9.2.B.4.	6.	Is there water at adequate volume and pressure to supply expected fire demands?	\		
6.4.E.4.d. 9.2.C.	7.	Does the facility test and maintain the equipment in the previous four questions as necessary to assure proper operation?	\		
6.4.E.4.d. 9.2.C.	8.	Is a log maintained of these inspections?	\		

PART/SECTION	REGULATION	YES	NO	N/A
6.4.E.4.d. 9.2.E.	Is there adequate aisle space to allow the unobstructed movement of personnel, fire protection, spill control, and decontamination equipment to any area of the facility?	\ \		
6.4.E.4.d. 9.2.F.	Has the facility attempted to arrange agreements with the local authorities such that:			
6.4.E.4.d. 9.2.F.1.a.	A. The police, fire and emergency response teams are familiar with the layout of the site, the properties of the hazardous waste handled at the site, normal working areas, entrances to roads inside the facility and possible evacuation routes?	\		
6.4.E.4.d. 9.2.F.1.b.	B. Where more than one police and fire department might respond to an emergency, the agreements specify primary emergency authority?	\		
6.4.E.4.d. 9.2.F.1.c.	C. Agreements with Commonwealth emergency response teams, emergency response contractors and equipment suppliers are specified? and	\		
6.4.E.4.d. 9.2.F.1.d.	D. The local hospital is familiar with the properties of the hazardous wastes handled and the types of injuries or illnesses which could result from fires, explosions, or releases?	\ <u></u>		
6.4.E.4.e.(1)	Is there at least one employee either on the premises or on call at all times with the responsibility for coordinating all emergency response measures? (Emergency coordinator) NAME: Mr. GEORGE WHITTED TITLE: PERSONNEL MANAGER, SAFETY ADMINISTRATOR	_		
6.4.E.4.e.(2)	12. Is the following posted next to the facility telephone:			
6.4.E.4.e. (2)(a)	A. The name and telephone number of the emergency coordinator?	\		
6.4.E.4.e. (2)(b)	 B. The location of fire extinguishers and spill control material; and if present, the location of the fire alarm? and 	\ <u></u>		
6.4.E.4.e. (2)(c)	C. The telephone number of the fire department (if no direct fire alarm)	\		
5.B. 5.C.	13. Does the small quantity generator use a manifest to ship wastes off-site? If <u>NO</u> , go to Item # 18. If <u>YES</u> , continue.	\		
6.2.C.	14. Has the generator determined that the facility has an EPA ID number? (NOTE: Shipments to POTWs must be manifested, if transported by a vehicle and the POTW must meet all permit-by-rule requirements of VHWMR Section 11.8.B.)	\		
5.5.A.7.	15. Has the generator determined that the transporter has a valid EPA Identification number and a valid Virginia Transporter Permit?	\		
6.3. 5.3.B.1.	16. Is the following information on the manifest:			

PART/SECTION	REGULATION	YES	NO	N/A
5.3.B.1.	A. The generator's name, mailing address, EPA ID number, and telephone number?	~		
5.3.B.2.	B. A unique five digit number assigned to this manifest by the generator?	>		
5.3.B.3.	C. The total number of pages of the manifest?	\ <u></u>		
5.3.B.4.	D. The company name and EPA ID number of each transporter used?	\		
5.3.B.5.	E. The company name, site address, and EPA ID number of the facility designated to receive the waste?	\		
5.3.B.6.	F. The U.S. DOT description of each waste to include its proper shipping name, hazard class, and ID number(UN/NA) as identified in the Virginia Regulations Governing the Transportation of Hazardous Material?	>		
5.3.B.7.	G. The quantities of waste being shipped? and	_		
5.3.C.	H. The following certification:			
	"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by (mode of transportation) according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to a degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."			
6.5.C.2.	17. Exception reporting: If the generator (SQG) has not received a copy of a manifest signed by facility within 60 days of initial transporter, did he submit a legible copy of manifest with an indication of not receiving a confirmation of delivery, to the Director?			>
5.C.	 Does the small quantity generator have his wastes reclaimed under a contract, and use only a shipping paper? If YES, 		/	
5.C.1.a.	A. Are the type of waste and frequency of reclamation shipments specified in the agreement?			\ <u>\</u>
5.C.1.b.	B. Is the vehicle used to transport the waste to the recycling facility and to deliver material back to the generator owned and operated by the reclaimer? and			\-\
5.C.2.	C. Does the small quantity generator maintain a copy of the agreement in his files for at least three years after termination or expiration of the agreement?			\

PART/SECTION	REGULATION	YES	NO	N/A
6.5.A.1.3. 15.1.G.1.a.	19. Does the generator retain copies of all manifests, test results and waste analyses for at least three years? Land Disposal Restriction Form should be retained for at least five years.	`		
6.4.E.4.e.(3)	20. Does the generator ensure all employees are thoroughly familiar with proper waste handling and emergency procedures?	\ <u></u>	:	
6.5.D.	21. Has the generator ever submitted a release report if responsible for release of Hazardous Substance which threatens public health? (Must notify NRC, Local Government, the Department.)		\ <u></u>	
6.4.E.4.b. 9.8.	22. Use and Management of Containers for 180 day accumulation areas: (270 days if TSF is over 200 miles away.)			
9.8.B.	A. Are all containers holding hazardous waste in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?	\		
9.8.C.	B. Are the containers lined or made of materials compatible with hazardous waste placed into them so that the container will not react with, or otherwise be incompatible with, the hazardous wastes stored?	\		
6.4.E.4.d. 6.4.E.1.b.	C. Is the date upon which each period of accumulation begins clearly marked and visible for inspection on each container?	\ <u></u>		
6.4.E.4.d. 6.4.E.1.c.	D. Is the container labeled or marked clearly with the words "Hazardous Waste"?	>		
9.8.D.1.	E. Are all containers holding hazardous waste kept closed during storage except as necessary to add or remove waste?	~		
9.8.E.	F. Are areas where hazardous waste containers are stored inspected by the owner/operator at least weekly?	>		
9.8.G.1.	G. Are incompatible wastes placed in separate containers? and			\ <u></u>
9.8.G.3.	H. Are storage containers holding hazardous wastes which are incompatible with any materials or other hazardous wastes stored nearby separated from the other materials or protected from them by means of dikes, berms, walls, or other devices?			\
6.4.E.3.a.	Does the generator have satellite accumulation areas where up to 55 gal of any one type of Hazardous Waste (HW) (1 qt acutely HW) are accumulated? If yes,		~	
6.4.E.3.a.	1. Is the area located at or near the point of hazardous waste generation where the wastes initially accumulate?			\ <u></u>
6.4.E.3.a.(1) 9.8.B.	2. Are the containers in good condition?			\ \ \

PART/SECTION	REGULATION	YES	NO	N/A
6.4.E.3.a.(1) 9.8.C.	3. Are the containers compatible with the waste?			
6.4.E.3.a.(1) 9.8.D.1.	Are the containers kept closed except as necessary to add or remove waste? and			\ \
6.4.E.3.a.(2)	5. Are the containers marked with the words "Hazardous Waste" or other words that identify the contents of the container?			\ \
6.4.E.3.b.	J. Are amounts in excess of those allowed being accumulated in the satellite accumulation area? If yes,			\-\
	Has the generator marked the excess amount with the date the excess amount began accumulating? and			\- \
	2. Has the generator either removed the excess amount within three days of the date of excess accumulation or has he complied with all other provisions for accumulation areas. Namely, has he notified the Executive Director about the location of the accumulation area?			
9.9.L.	23. Does the small quantity generator accumulate in tanks? If YES, describe Tank System in the COMMENT Section.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9.9.L.2.c.	A. If the TANK is uncovered, is there at least 2 feet of freeboard or a system with the capacity to hold the volume equivalent to 2 feet of freeboard? Describe the System in the COMMENT Section.			\
9.9.L.2.d.	B. If the TANK is fed continuously, is there a waste feed cutoff system or by-pass system? Describe the System in the COMMENT Section.			\
9.9.L.3.	C. Does the Small Quantity Generator (SQG) inspect the following at least once each operating day:			
9.9.L.3.a.	1. Discharge control equipment?			
9.9.L.3.b.	2. Data gathered from monitoring equipment?			\ <u>\</u>
9.9.L.3.c.	3. The level of waste in the Tanks?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\ <u>\</u>
9.9.L.3.d.	D. Does the SQG inspect the following at least weekly:			
9.9.L.3.d	The construction materials of the Tanks for corrosion or leaking?			\ <u>\</u>
9.9.L.3.e.	The area immediately surrounding the discharge confinement system for leaks?			>
9.9.L.5.	E. If ignitable or reactive waste are generated, is the waste:			\ \ \
9.9.L.5.a.(1)	1-treated, rendered, or mixed before or immediately after placement so that the waste is no longer ignitable or reactive; or			\-\-

PART/SECTION	REGULATION	YES	NO	N/A
9.9.L.5.a.(2)	2-protected from any material or conditions that may cause the waste to ignite or react; or			\
9.9.L.5.a.(3)	3-is the Tank used only for emergencies?			\ \
9.9.L.5.b.	F. If the Tank is covered and manages ignitable or reactive waste, are the buffer zones for the National Fire Protection Association codes met? List the required and actual distances: Required Actual		er.	>
9.9.L.6	G. Are incompatible waste placed in the same tank? If YES,			\
	Is the tank cleaned prior to placing the incompatible waste in the Tank?			
6.4.E.4.d	24. Is the Tank clearly marked with the words "Hazardous Waste"?			\ \
	25. PLEASE LIST ANY NEWLY REGULATED WASTE THAT IS NOT LAND RESTRICTED (such as D018-D043, F032, F034 or F035) ON THE LAST PAGE UNDER "COMMENTS".			
15.1.A.2.	26. Does the facility generate, transport, treat, store or dispose any land-restricted wastes? (See VHWMR Part 15) *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS".	\		
15.1.G.1.a.	27. For restricted wastes which the generator is managing for which he has not met the applicable treatment standards, has the generator accompanied each shipment of waste with a notification to the treatment facility of the appropriate treatment standards and any applicable prohibitions?	\	-	
	28. Did the notification include the following information:			
15.1.G.1.a. (1)	A. EPA Hazardous Waste Number?	\		
15.1.G.1.a. (2)	B. The corresponding treatment standards and all applicable prohibitions set forth in VHWMR Section 15.3.c.?	\		
15.1.G.1.a. (3)	C. The manifest number associated with the shipment of waste? and	\ <u></u>		
15.1.G.1.a. (4)	D. Waste analysis data, where available?	\ \		
15.1.A.3.	29. Is land disposal of wastes occurring? If Yes,		\ <u></u>	
15.1.A.3.a.	A. Has the facility been granted an extension to the effective date for land restrictions applicable to its restricted waste? OR			\ <u></u>
15.1.A.3.b.	B. Has the facility been granted an exemption from prohibition pursuant to a petition for those land-restricted wastes and units covered by the petition? OR			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

PART/SECTION	REGULATION	YES	NO	N/A
15.1.A.3.c.	C. Are the wastes hazardous only because they exhibit a hazardous characteristic and are they disposed outside the Commonwealth into an injection well without exhibiting any prohibited characteristic of hazardous waste at the point of injection?			>
5.1.A.5.a.	30. Is the waste generated by small quantity generators of less than 220 pounds (100 kg) of hazardous waste, or 1 kg of acutely hazardous waste per month? If so, the wastes are not subject to any provision of Part XV.		\ <u>\</u>	
15.1.E.	31. Has the owner/operator submitted an application for case-by- case extension to the effective date of any applicable restriction?			>
6.4.E.7., 6.4.E.4.d., 15.1.G.1.d.	32. Is the SQG treating waste in Tanks or Containers in order to meet applicable treatment standards under VHWMR § 15.4?		>	
15.1.G.1.d.	33. If Yes, has the SQG developed a Waste Analysis Plan?			
15.1.G.1.d. (2)	34. Has the Waste Analysis Plan been filed with the Director a minimum of 30 days prior to the treatment activity?			<u></u>
15.1.F.	35. Has the owner/operator been granted a petition seeking an exemption from a prohibition for the disposal of hazardous waste in a particular unit or units?			\ <u></u>
15.1.C.1.	36. Are facility representatives diluting the restricted waste or residual from treatment of the restricted waste as a substitute for adequate treatment, to circumvent the effective date of prohibition, to otherwise avoid a prohibition, or to circumvent a land disposal prohibition?		\	
15.1.D.1.	37. Is the facility treating land-restricted wastes in a surface impoundment or series of surface impoundments? (Note: Evaporation of hazardous constituents in a surface impoundment as the principal means of treatment is not considered to be an acceptable form of treatment for land restricted wastes.)		~	
	38. If Yes, does the facility meet the following requirements:			
15.1.D.1.b. 15.1.G. 15.3.C. 15.4. 15.3.	A. Are the residues of the treatment analyzed as specified in VHWMR § 15.1.G. or § 15.3.C to determine if they meet the applicable treatment standards or VHWMR § 15.4, or where no applicable treatment standard exists, the applicable prohibition levels specified in VHWMR § 15.3?			\
15.1.D.1.c. 9.10.B.1. 10.10.B.3.	B. Has the owner/operator installed two or more liners and a leachate collection system consisting of an upper and lower liner designed, constructed and operated to prevent the migration of any constituents through the liners?			\
15.1.D.1.c. 10.5.	C. Is the facility in compliance with the applicable groundwater monitoring requirements of VHWMR § 10.5?			\ <u></u>

PART/SECTION	REGULATION	YES	NO	N/A
15.1.D.1.d.	D. Has the owner/operator submitted a written certification to the Executive Director that the requirements of § 15.1.D.1.C. have been met which states: "I certify under penalty of law that the requirements of 15.1.D.1.c. have been met for all surface impoundments being used to treat restricted waste. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." and			>
15.1.D.1.d.	E. Has the owner/operator submitted a copy of the waste analysis plan for his restricted wastes accompanied by the above certification?			\
15.1.G.1.b.	39. For restricted wastes which the generator has determined can be land disposed without further treatment, has the generator accompanied each shipment of waste with a notification and certification to the land disposal facility that the waste meets the applicable treatment standards and the applicable prohibitions of VHWMR § 15.3.C.?			\
	40. Did the notification include the following information:			
15.1.G.1.b. (1)(a)	A. EPA Hazardous Waste Number?			
15.1.G.1.b. (1)(b)	B. The corresponding treatment standards and all applicable prohibitions?			\ <u></u>
15.1.G.1.b. (1)(c)	C. The manifest number associated with the shipment of waste? and			\
15.1.G.1.b. (1)(d)	D. Waste analysis date, where available?			\ <u></u>
15.1.G.1.b.2.	41. Was the certification signed by an authorized representative, and did it state the following:			
	"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in VHWMR § 15.4. and all applicable prohibitions set forth in VHWMR § 15.3.C. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."			
15.1.G.1.c.	42. Have restricted wastes which have received a case-by-case exemption, been granted an exemption through petition, or those wastes subject to a national variance, has the generator forwarded a notice with the waste to the land disposal facility stating that the waste is exempt from the land disposal restrictions?			>

PART/SECTION	REGULATION	YES	NO	N/A
15.1.G.1.g.	43. Does the generator retain on-site copies of all notices, certifications, demonstrations, waste analysis date, and other documentation for at least five years from the date the waste was last sent to on-site or off-site treatment, storage or disposal?	\		
15.5.	44. Is the generator storing land restricted waste ? (For one year storage only)		\ \	
15.5.1.a.	45. If Yes , is the storage on-site solely for the purpose of the accumulation of such quantities of hazardous waste as necessary to facilitate proper recovery, treatment or disposal?			/

COMMENTS:



DEPARTMENT OF ENVIRONMENTAL QUALITY Piedmont Regional Office

4949 Cox Road Glen Allen, VA 23060

804/527-5020

TO:

CLAIRE R. SLAUGHTER, ENVIRONMENTAL PROGRAM ANALYST,

OTA / WASTE

FROM:

JON D. CHINNERY, ENVIRONMENTAL INSPECTOR / PRO

DATE:

JULY 3, 1996

RE: RCRA COMPLIANCE INSPECTION, MERLIN AUTO MACHINE, HAYES PLAZA SHOPPING PLAZA, P.O. BOX 496, HAYS, VIRGINIA 23072. EPA ID# VAD 988228300.

On June 27, 1996 I went to the location of the facility to conduct an inspection. When I arrived I noted that the building was vacant and that there was no one at this location. I contacted the business in the rear of the property. The person there (Glenn Moore) stated that Merlin Auto Machine went out of business during the middle of 1995.

Since Merlin Auto Machine is no longer at this location, I recommend that you remove Merlin Auto Machine (as a Conditionally Exempt Small Quantity Generator) from the notifiers list.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filling Notification before completing this form. The information requested have is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

and Recovery Act). United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number E. Subsequent Notification A. First Notification (complete item C) II. Name of Installation (Include company and specific site name) III. Location of Installation (Physical address not P.O. Box or Route Number) 31015 Street (continued) State ZIP Code City or Town County Code County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box 6 State ZIP Code City or Town S V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) Job Title Phone Number (area code and number) VI, Installation Contact Address (See Instructions) TAPE SECTION A. Contact Address B. Street or P.O. Box Location Mailing State ZIP Code City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner Stréet, P.O. Box, or Route Number City or Town State ZIP Code (Date Changed)

Nav Year B. Land Type C. Owner Type D. Change of Owner Indicator Phone Number (area code and number)

P

왔이지 - 1212191 - 13191

P

No

	・ 「 「 「 「 「 「 「 「 「 「 「 「 「 「
Willer voe of Regulated Waste Activity (Mark XX) in the appropriate boxes	Refer to instructions in
ANIAZAGOS VASSAGUIVA	BAUSSOON AS AS AND S
Generalor (Securistructions)	nstallation) (F. Off-Specifications Used Amparis)
at Greater than 1000kg/mo (2,200 ibs.) Note: A permit is required to a surface of the surface of	a Generalor Marketing to Blimsh b. Other Marketer
co (Less Inan 400 kg/mo (220 lbs) (1995) et Generator Marketing to	Sumer (pdicate device)s)
2. Transporter (Indicate) Mode (Indoxes 1=5 Delow) 50 Other) Marketers 514 Isosovia was (FOD) 50 Seamer sindicate device	G Land Land Land Spirity Boson Services
De Forcembrand purposes Syperor Combustion De Moderne de Transporteiro De La Guilly Ediller	vice) as
□ and∪strial Boiler	
☐ 2 Raij ☐ 9 Thetestral-remac ☐ 3 Bigliway ☐ 5 Underground Inteston (Son)	
To Offer specify	
X percentage of Fernitrial Wester (Use April out I steels (Frecessory)	>
We delegate a responsible of the profit of the particular versions. Many X stretch boxes represent	otroj ovije, dizneograjtes pli vertagas invendos
wastes your installation handles ((See 10 Griff Paris 26120 = 26124) is replicable if 2 Corrosive 3 Reactive 3 Toxicity	
(DCO1) (DOO2) (DOO3) Granacteristic (List specific E	Afriazardous waste number(s) for the Toxicity Characteristic contaminant(s))
X DISIGNATION OF THE PROPERTY	
B Histed Hazardous Wastes: (See 40: CFR 261311-33 See Instructions it you need	to list more than 12 waste codes)
	5 3 5 3 6 3 6 7
WO that Waster I State or other waster requiring and Danimber See instructions to	
C / Other Wastes (State or other wastes requiring an I-O number See instructions.)	
X oradification 1 >	
I certify under penalty of law that I have personally examined and am f.	
and all attached documents, and that based on my inquiry of the obtaining the information, I believe that the submitted information i	s true, accurate, and complete. I am aware 🚦
that there are significant penalties for submitting false informati imprisonment.	on, including the possibility of fines and
Signature Name and Official Title (type or pri	(nt) Date Signed
Merce (Whillif) Tlant Chemical Cont	nol Officen 8-27-92
31 Comments	
Have Reduced By 200/	o The Number
OF machines In Want	
Note: Mall completed form to the appropriate EPA Regional or State Office. (See	Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD003118353

JPS CONVERTER & INDUSTRIAL PO BOX 448 SOUTH BOSTON , VA 24592 GEORGE WHITTED PLANT CCO

INSTALLATION ADDRESS

2305 VAUGHAN ST SOUTH BOSTON , VA 24592

EPA Form 8700-12B (6-90)

VAD041285172

THE BIBB COMPANY / P.O. BOX 280 / 804-376-2311 / BROOKNEAL, VIRGINIA 24528



THE BIBB COMPANY

August 19, 1988

Ms. Carol Johnson 3HW33 841 Chestnut Street Philadelphia, PA. 19107

Dear Ms. Johnson:

We are reporting a name change at our Brookneal facility. We were previously J. P. Stevens & Co., Inc. and recently were purchased by The Bibb Company. Our E.P.A. Hazardous Waste number is VADO41285172. Our location and mailing address remain the same.

Sincerely

B.L. Childress Plant Manager

BLC/fe

cc: Charlie Haley

Facility Chemical Coordinator

RETURN IN FIVE DAYS TO THE BIBB COMPANY

P.O. Box 280 Brookneal, Virginia 24528





Ms. Carol Johnson 3HW33 841 Chestnut Street Philadelphia, PA. 19107

U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	
INSTALLA- TION'S EPA I.D. NO. This Notification Form is bein submitted to the Environmental Protection Agency to obtain an Identification Number. Whi	1
1. STALLATION every effort has been made to accurately complete the Notifi	J
INSTALLA- Form in the short time allotte	ed,
II. MAILING ADDRESS PLACE LABEL IN THIS SPACE Submission of this Notification Form should not be construed	n
as an admission that this faci is in fact within the requirem	
LOCATION OF INSTAL	
Conservation and Recovery Act.	
FOR OFFICIAL USE ONLY	
COMMENTS	
15 16 DATE DECEMBED A A A A A A A A A A A A A A A A A A A	
FVAD00311835321 A SO0806	
I. NAME OF INSTALLATION	
J.P. STEVENS AND COMPANY INC.	
II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
^c 3 P . O . B O X 4 4 8	
15 16 45 CITY OR TOWN ST. ZIP CODE	
4 S O U T H B O S T O N V A 2 4 5 9 2	
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
5 V A U G H A N S T R E E T	
CITY OR TOWN ST. ZIP CODE	
6 S O U T H B O S T O N V A 2 4 5 9 2	
IV. INSTALLATION CONTACT	
NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)	
2 C L A R K P H I L L I P S A F E T Y S U P V . 8 0 4 - 5 7 2 - 2 9 2 1	
15 16 V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
C W H I T N E Y S T E V E N S C H R M A N B O A R D O F D I R E C T R	
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X A. GENERATION B. TRANSPORTATION (complete item VII)	
F = FEDERAL M 97 M = NON-FEDERAL C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION	
F = FEDERAL M 57	
F = FEDERAL M = NON-FEDERAL C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION 50	
F = FEDERAL M = NON-FEDERAL D C. TREAT/STORE/DISPOSE So D. UNDERGROUND INJECTION VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es)) \[\begin{align*} \text{A. AIR} & \begin{align*} \text{B. RAIL} & \begin{align*} \text{C. HIGHWAY} & \begin{align*} \text{D. WATER} & \text{Es} & \text{OTHER (specify):} \end{align*}	fication.
F = FEDERAL M = NON-FEDERAL VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es)) \[\begin{align*} \begin{align*} \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.1} & \text{0.1} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.1} & \text{0.1} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.1} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} & \text{0.5} \\ \text{0.5} & \text{0.5} \\ \text{0.5} & \text{0.5} \\ \text{0.5} & \t	
F = FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = ST SE C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es)) A. AIR B. RAIL C. HIGHWAY G. WATER G. OTHER (specify): VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification, enter your Installation's EPA I.D. Number in the space provided below.	

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

Γ	'		1.0). —	FO	R	OFF	IC	IAL	US	E	MI	Y		17
-	\$ W	٧	A	D	0	0	3	1	1	8	3	5	3	2	<u>د</u> 1
1	1	2						-		· .	7.	10.00	13	14	15

AZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from the four-digit number from 40 CFR Part 261.32 for each chemical sub-and your installation handles which may be a hizardous waste. Use additional sheets if necessary. OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sub-and your installation handles which may be a hizardous waste. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, well-and your installation handles. Use additional sheets if necessary. ARABACTERISTICS ON-LISTED HAZARDOUS WASTES. Mark: "X" in the boxes corresponding to the characteristics of non-listed azardous waste waste from hospitals, well-and part and the characteristics of non-listed azardous waste waste from hospitals, well-and part and the characteristics of non-listed azardous waste. "In the boxes corresponding to the characteristics of non-listed azardous waste from hospitals, well-and part and the characteristics of non-listed azardous waster from hospitals, well-and part and and and familiar with the information including the information including the possibility of fine and imprisonment. HAME A OFFICIAL TITLE (Cype or print) L. D. Shealy, Plant Manager HAME A OFFICIAL TITLE (Cype or print) L. D. Shealy, Plant Manager HAME A OFFICIAL TITLE (Cype or print) L. D. Shealy, Plant Manager	HAZARDOUS	WASTES FRO	M NON-SPECIFI	CES (continued from fi CSOURCES. Enter the fo	our-digit number from	40 CFR Part 261.31 fo	or each listed hazardous
AZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from ediction industrial sources your installation handles. Use additional sheets if necessary. 13	waste from non	-specific sour	ces your installatio	n handles. Use additional	sheets if necessary.		
AZARADOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from editional states sources your installation handles. Use additional sheets if necessary. 13	1.		2	3	4	5	6
AZARADOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from editional states sources your installation handles. Use additional sheets if necessary. 13	and the second	 					
AZARADOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from editional states sources your installation handles. Use additional sheets if necessary. 13		3					
AZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from secific industrial sources your installation handles. Use additional sheets if necessary. 13		26	23 - 26				
AZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from each final formation and the set of the control of the con	7		8	9	10	111	12
AZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from each final formation and the set of the control of the con							
DOMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each iterated by the standard of the companies of the com	23	26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hiszardous waste. Use additional sheets if necessary. 31 32 32 33 34 43 43 43 44 45 45 46 47 48 47 48 48 47 48 48 47 48 48	AZARDOUS Decific industri	WASTES FRO	M SPECIFIC SOUI ir installation handl	RCES. Enter the four—dies. Use additional sheets	git number from 40 CF f necessary.	R Part 261.32 for each	listed hazardous waste from
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hizardous waste. Use additional sheets if necessary. 31 32 33 34 35 37 36 39 40 41 42 42 43 45 45 46 47 48 48 47 48 48 49 50 51 51 52 53 54 48 48 45 46 47 48 48 48 48 48 48 48 48 48	13		14	15	16	17	18
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sub- ance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 37 36 39 40 41 42 43 45 45 46 47 48 48 49 50 51 51 52 53 54 48 49 50 51 51 52 53 54 55 54 55 54 55 55 56 57 58 58 58 58 58 58 58 58 58		T					
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hizardous waste. Use additional sheets if necessary. 31 32 33 34 35 37 36 39 40 41 42 42 43 45 45 46 47 48 48 47 48 48 49 50 51 51 52 53 54 48 48 45 46 47 48 48 48 48 48 48 48 48 48							
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sub- ance your installation handles which may be a higher and the property of the part of the four-digit number from 40 CFR Part 261.33 for each chemical sub- ance your installation handles which may be a higher and the property of the part of the four-digit number from 40 CFR Part 261.33 for each chemical sub- ance your installation handles which may be a higher and the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinan oppitals, medical and research laboratories your installation handles. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinan ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinan ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinan ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinan ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, we terrinan ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. STED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, a	-	26	23 - 26	32	23 - 26		· · ·
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sub- ance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31	19	-					
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sub- ance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31			1 T T T P #	3 Q DNV			
DOMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 36 37 38 39 40 40 41 42 43 31 32 33 34 44 45 46 47 48 48 43 44 45 46 47 48 48 48 49 50 51 51 52 53 54 54 55 54 55 54 55 54 55 54 55 54 55 55 56 57 58 58 58 58 59 59 50 51 52 53 54 55 54 55 54 55 55 56 57 58 58 58 58 58 59 59 59 50 51 52 53 54 55 54 55 54 55 55 56 57 58 58 58 58 58 58 58 58 58	23 -	26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 36 36 37 38 39 40 41 41 42 42 43 44 43 44 45 45 46 47 48 48 48 49 50 INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinar ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 49 50 51 52 53 54 54 54 55 54 55 57 58 58 69 60 60 60 60 60 60 60 60 60	25		26	27	28	29	30
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 36 36 37 38 39 40 41 41 42 42 43 44 43 44 45 45 46 47 48 48 48 49 50 INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinar ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 49 50 51 52 53 54 54 54 55 54 55 57 58 58 69 60 60 60 60 60 60 60 60 60							
OMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical subance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 36 36 37 38 39 40 41 41 42 43 44 43 44 43 45 46 47 48 48 49 50 51 52 53 54 49 50 51 52 53 54 54 55 54 55 54 55 55 54 55 54 55 54 55 55 54 55 54 55 55 54 55 55 54 55 54 55 55 54 55 54 55 55 54 55 54 55 55 54 55 55 56 57 57 58 58 68 69 69 69 69 69 69 69 69 6						23	23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31	OMMEDOIA!	CHEMICAL	PRODUCT MAZAE			from 40 CER Part 261	33 for each chemical sub-
31 32 33 34 35 36 36 36 37 38 38 39 40 41 41 42 42 42 43 35 46 46 47 48 48 48 48 48 48 48 48 48 48 48 48 48	ance your inst	tallation hand	es which may be a	hazardous waste. Use add	itional sheets if necessa	iry.	,o for cach chemical sub :
AST STED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinant ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. AST AST		terigraph (A.A.A.)	ALE OF CARROLINE	and the second second second second			- T
37 38 39 40 41 42 42 43 43 44 45 45 46 47 48 48 48 49 50 Sites in part of the characteristics of non-listed azardous waste from hospitals, veterinant ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 49 49 50 51 52 53 54 49 50 51 52 53 54 49 50 51 52 53 54 54 55 62 63 63 64 64 77 78 78 78 78 78 78 78 78 7	31		32	33	34	35	36
37 38 39 40 41 42 42 43 43 44 45 45 46 47 48 48 48 49 Sopitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 49 49 50 51 52 53 54 49 49 50 51 52 53 54 49 49 50 51 52 53 54 49 50 51 52 53 54 54 53 54 54 55 66 67 67 67 67 67 67 67 67							
37 38 39 40 41 42 42 43 43 44 45 45 46 47 48 48 48 49 50 Sites a second subcratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 49 49 50 51 52 53 54 49 49 50 51 52 53 54 49 50 51 52 53 54 54 55 66 67 67 67 67 67 67 67 67	23 -	26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
ISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Pert 261.34 for each listed hazardous waste from hospitals, veterinant oppitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 HARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed azardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) \[\begin{array}{ c c c c c c c c c c c c c c c c c c c	37			39	40	41	42
ISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Pert 261.34 for each listed hazardous waste from hospitals, veterinant oppitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 HARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed azardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) [D001] [D002] [D003] [D003] [D004] [D005] [D006] [D007] [D008] [D008] [D009] [D							
ISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Pert 261.34 for each listed hazardous waste from hospitals, veterinant ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49							
ISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinant ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 54 HARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed azardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.) [D1. IGNITABLE [D002]	23 -	26	1.0			23 - 26	
ISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinand ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49	43		44	45	46	47	48
ISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinand ospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49] [
ATURE A9	23	26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
HARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed azardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.) Sinitable	ISTED INFEC	CTIOUS WAS	TES. Enter the fou h laboratories your	r—digit number from 40 C installation handles. Use	FR Part 261.34 for ea additional sheets if ne	ch listed hazardous wast cessary.	e from hospitals, veterinan
HARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed azardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)							54
Terrify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, relieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for subting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) DATE SIGNED	-T-T	- 					
Terrify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, relieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for subting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) L. D. Shealy, Plant Manager 8-1-80	3.24	1.1.1					
TERTIFICATION Continue Conti	23 -	26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
CERTIFICATION ertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, elieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for subtiting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) L. D. Shealy, Plant Manager 8-1-80	HARACTERI ezardous wast	STICS OF NO	N-LISTED HAZA	RDOUS WASTES. Mark 40 CFR Parts 261.21 — 2	"X" in the boxes corre 61.24.)	sponding to the charact	eristics of non-listed
certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, relieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for subting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) L. D. Shealy, Plant Manager 8-1-80						TIVE	
ertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, elieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for subtiting false information, including the possibility of fine and imprisonment. IATURE NAME & OFFICIAL TITLE (type or print) DATE SIGNED	(D001)		(0	0002)	(D003)		(D000)
rertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, elieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for subtiting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) L. D. Shealy, Plant Manager 8-1-80	ERTIFICA	TION					
I. D. Shealy, Plant Manager Date signed 8-1-80	ertify under ached documented	r penalty of ments, and t the submitte	hat based on my d information is	inquiry of those indi true, accurate, and co	viduals immediately mplete. I am aware	responsible for obta	iining the information,
L. D. Shealy, Plant Manager 8-1-80		<u> </u>					To a TE CICHES
Milall	NATURE	11///	/ /	NAME & OFF	CIAL TITLE (type or	print)	DATE SIGNED
Form 8700-12 (6-80) REVERSE	\mathcal{M}	Ale	all	L. D. She	aly, Plant Mar	nager	8-1-80
	Form 8700-1	2 (6-80) REV	/ERSE /				
			-				

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III — 6th & Walnut Sts. Philadelphia, Pa. 19106

SUBJECT: RCRA Inspection - J.P. Stevens & Co.

VAD 00 311 8353

DATE: NOV 1 6 1982

FROM:

Harry Weber

Environmental Scientist

TO:

File

THRU: Abraham Ferdas

Chief, Air & RCRA Compliance Section (3AW22)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY

REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS

REQUIRED AT THIS TIME.



JAMES B. KENLEY, M.D.

Department of Health Richmond, Va. 23219 November 8, 1982

Mr. James Crowder J.P. Stevens & Co. Inc. Vaughan Street South Boston, Virginia 24952

Dear Mr. Crowder:

During a recent (10/22/82) inspection conducted in accordance with Virginia Hazardous Waste Management Regulations, you indicated that you do not generate, transport, treat, store, or dispose of any hazardous wastes. To verify your status, please fill out the enclosed letter and return it to me within 30 days.

If you have any questions, please call me at (804) 786-1862.

Thank you for your time and cooperation.

Sincerely,

Mohammad R. Habibi Analytical Chemist Bureau of Hazardous Waste Management

MRH/1hc Enclosure Mohammad R. Habibi Chemist Bureau of Hazardous Waste Management 906 Madison Building 109 Governor Street Richmond, Virginia 23219

Re: J. P. Stevens & Co. Inc.

Dear Mr. Habibi:

This facility does not generate, transport, treat, store or dispose of hazardous wastes.

(Please check the appropriate box and sign in space for signature below.)

Therefore, I wish to be removed from the files of those who generate, transport, treat, store or dispose of hazardous waste.

However, I wish to keep my EPA ID# because of reason stated below:

(Name of facility representative)

CHECKLIST FOR RCRA INSPECTION OF SMALL QUANTITY RO USE GENERATORS OF HAZARDOUS WASTE Name of Facility: JP STEVENS & CO. INC. Inspection file Address: VAUGHAN STREET No.__ SOUTH BOSTON, VA,24952 Reviewer EPA Generator ID Number: VADO03118353 Date reviewed Facility Inspection Representative: MR. JAMES. CROWDER Form "C" (VA) Title: CHEMICAL CONTROL OFFICER Telephone Number: (804) 572-2921 The questions contained in this checklist apply to owners and operators who may qualify as small quantity generators [less than 1000 kg per month, except acute hazardous, 40 CFR Part 261.33(e)] What are the types of waste generated at the facility and the quantity of each per month (in kilograms)? listed above wastes recycled/reclaimed and what is the quantity of each per month (in kilograms)? 3.03.03 3. Is the amount of hazardous waste accumulated per month greater than: a. 1000 kilograms/mo.?

l kilogram/mo.? (of acute hazardous

discarded or off-specification chemicals or manufacturing chemical intermediate)

ъ.

3.03.05(a)

3.03.05(b)

3.03.05(a)

3.03.05(c)

3.04.01(a)

3.04.01(b)

1	· ·		
	c. 10 kilograms/mo.? [of inner liners from containers identified under 40 CFR Part 261.33(c)]	Yes	No
	d. 100 kilograms/mo.? (of acute hazardous debris storage)	Yes	No
4.	If any of the answers in Question #3 are yes, then is the generator complying with Part 6.05.05 requirements?	Yes	V/A No
5.	Is hazardous waste delivered to an "onsite" or "offsite" facility which is:	on N	Off
	a. permitted under Part 122 of the RCRA regulations?	Yes	No
	b. a RCRA interim status facility?	Yes	No
	c. authorized by the State with a RCRA program according to Part 123 of the RCRA regulations?	Yes	No
	d. licensed by the State?	Yes	No
	e. a "beneficial use" or reuse/recycle facility?	Yes	· No
	f. a treater of hazardous waste prior to beneficial use, reuse or recycle?	Yes	No
6.	Please list the name, address and EPA ID number (if available) for each of the facilities where waste are disposed of (refer to Question #5).		
	SEE NOTE 1	•	

Inspector's Name: MOHAMMAD R. HABIBI
Title: CHEMIST
Agency: Va. State Health Dept., Div. of Solid & Hazardous Waste Management
Office Location: 109 Governor Street, Richmond, VA 23219
Date of Inspection: OCT, 22,82
Inspector's Name:
Inspector's Name:
Inspector's Name:

NOTE 1

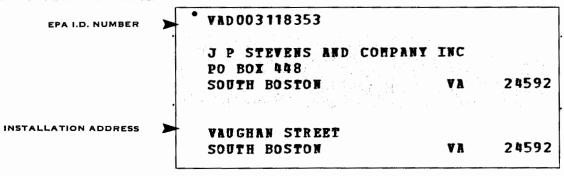
This facility is using solvents to clean parts and equipments. The clean solvents are provided by Safety-Kleen Corp. and after it is used, the spent solvents are collected for recycling by Safety Kleen Corp. The Safety-Kleen is a leasing service for solvents and these solvents remains property of Safety-Kleen Corp.

Referring to the USEPA letter to Safety-Kleen Corp, which indicated that, Safety-Kleen's spent solvents are not subject to RCRA regulations, therefore JP Stevens & Co. does not generate any hazardous waste.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

10/23/80

+a Sme SEPA

ENVIRONMENTAL F HAZARDOUS WASTE DATFACILITY INVENTOR

